

List of Suggested Examiners for the Ph.D. Comprehensive Examination

Name of Student _____ Roll No _____
Department/IDP _____
Thesis Supervisor(s) _____
Month & Year of first Registration in the Programme _____

(Month) (Year)

Name of Examiners	Department/IDP
1	
2	
3	
4	
5	

Forwarded

Recommended

Approved

Convener, DPGC

Chairperson, SPGC

Chairman, Senate

Date:

Date:

Date:

Countersigned

Head of the Department/IDP

Date:

Note: The report of the comprehensive examination must be sent to the Chairperson, SPGC within 8 weeks of the date of approval of the board.

*Please make sure that the student has completed the course requirements (as per Clause 7.1 of PG Manual) and satisfies the minimum specified CPI requirement (as per Clause 7.7 of PG Manual).

PG Office Use Only

Course Units =

CPI =

Qualifying degree=